

Entered - 03-02-01 - sb
CL 01L0150 - GWENDOLYN BURNS

CLAIM OF: MARGARET BLANTON
4866 Happy Hollow Road
Atlanta, Georgia 30360

01-R-0504

For vehicular damages alleged to have been sustained as a result of a metal plate that was not properly covering a construction site on January 9, 2001 at Pryor Street, SW & Mitchell Street, SW.

**BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:**

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **MARGARET BLANTON** the sum of **\$1,323.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a metal plate that was not properly covering a construction site on January 9, 2001 at Pryor Street, SW & Mitchell Street, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: Rosalind Rubens Newell
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Rosen, DCA*

.DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0150

Date: March 16, 2001

Claimant /Victim MARGARET BLANTON
BY: (Atty) (Ins. Co.) _____
Address: 4866 Happy Hollow Road, Atlanta, Georgia 30360
Subrogation: _____ Claim for Property damage \$ 1,323.08 Bodily Injury \$ _____
Date of Notice: 2/14/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 1/9/01 Place: Pryor Street, SW & Mitchell Street, SW
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant's vehicle sustained damage when she drove over a sanitary sewer metal plate that was not properly secured to the roadway.

INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

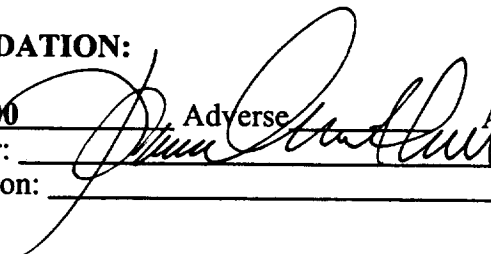
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 1,323.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____
Claims Manager:  Concur/date 03-16-01
Committee Action: _____ Council Action _____

BURNS
03/01/01

RE: CLAIM FOR DAMAGES

Today's Date: 1/12/01

7, 2001

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
Trinity Avenue, S.W.
Atlanta, Georgia 30335

FEB 14 2001

ENTERED - 3-2-01 - SB
0110150 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 1323.08 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 1/9/01 (month/day/year) 2. Time of Incident: _____ 3. Police called: ☒ Yes ☐ No

4. Location of incident (including street address): at the intersection of Pryor and Mitchell Policy No. _____

5. Name of your insurance company: Progressive

6. State what and how incident occurred: I was crossing the intersection of Pryor and Mitchell (I was driving on Pryor St, so I crossed Mitchell) and I noticed some metal poles in the road so I slowed down but before the poles there was a dip in the road. I went over the dip but when I hit the metal poles the underside of my car scraped causing damage to the transmission and frame of the vehicle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Toyota Camry (Make) 1986 (Year) (have not gotten it yet) Margaret (Driver's Name)

City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)

9. Witness: Anita Thomas (Name) _____ (Address) (4) 614-7541 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Margaret Blanton
Signature of Claimant

Margaret Blanton
(Print Claimant's Name)

4866 Happy Hollow rd.
(Address)

Atlanta, Ga. 30360
(City, State and Zip Code)

(678) 641-2376 (Work Number) (7) 986-7008 (Home Number)